

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 155
Registered No. 82

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Ambrose Hinkle { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb 14 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Jacob McKinley Hinkle
9. Residence (Usual place of abode) (Inspiration) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Dat
(State or country) Virginia

13. Occupation Broker
Nature of industry Department Store

20. Number of children of this mother. 2
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER
Full maiden name Marie Bernadette Croteau
15. Residence (Usual place of abode) (Inspiration) Miami, Arizona
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Rolla
(State or country) North Dakota

19. Occupation Housewife
Nature of industry _____

21. Were precautions taken against ophthalmia neonatorum.
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11:05 A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Miller

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed Feb 20 1929 Registrar.

Registrar.

585-214-435